



Illinois Department of Transportation

Invoice

To: _____, Liaison Engineer

(Address)

Date _____ Invoice No. _____

From _____, Consultant

(Address)

Route _____ Section _____ County _____

Project _____

State Job No. _____ PTB/Item _____

For professional services performed as set forth in the Agreement dated _____

and Supplemental Agreement(s) dated _____

Consultant's Job Identification

If for Extra Work show obligation Number _____ and the date authorized _____

COST PLUS FIXED FEE

(1) Invoice for Period From _____ To _____

(2) Maximum Payable \$ _____

(3) Direct Salaries to Date per Attached Tabulation, subject to additives on line 4 \$ _____

(4) Payroll Burden and Overhead (_____ % x (3)) \$ _____

(5) Other Direct Salaries per Attached Tabulation \$ _____

(6) Profit (Fixed Fee \$ _____ x _____ % Complete per attached Progress Report) \$ _____

(7) Direct Costs of Services by Others \$ _____

(8) Direct Costs, Travel and In-Plant \$ _____

(9) SUBTOTAL \$ _____

(10) Less Previously Invoiced \$ _____

(11) PAYMENT DUE THIS INVOICE \$ _____

Distribution: 1 original & 2 copies to Liaison Engineer

I certify that the percent of work shown as completed on this invoice is correct.

Approved _____ Date _____
Liaison Engineer

Consultant _____

Approved _____ Date _____

By _____

Voucher No. _____ Date _____

Title _____